

Integrating human immunodeficiency virus testing, treatment and care in a tuberculosis clinic in rural Kenya.

Huerga, H; Spillane, H; Guerrero, W; Odongo, A; Varaine, F

Abstract:

In July 2005, Médecins Sans Frontières and the Ministry of Health, Kenya, implemented an integrated tuberculosis-human immunodeficiency virus (TB-HIV) programme in western Kenya. **OBJECTIVE:** To evaluate the impact of an integrated TB-HIV programme on patient care and TB programme outcomes. **DESIGN:** Retrospective evaluation of three time periods: before (January-June 2005), shortly after (January-June 2006) and medium term after (January-December 2007) the implementation of the integrated programme. **RESULTS:** Respectively 79% and 91% of TB patients were HIV tested shortly and at medium term after service integration. The HIV-positive rate varied from 96% before the intervention to respectively 88% (305/347) and 74% (301/405) after. The estimated number of HIV-positive cases was respectively 303, 323 and 331 in the three periods. The proportion of patients receiving cotrimoxazole prophylaxis increased significantly from 47% (142/303) to 94% (303/323) and 86% (285/331, $P < 0.05$). Before the intervention, 87% (171/197) of the TB-HIV patients would have been missed when initiating antiretroviral treatment, compared to respectively 29% (60/210) and 36% (78/215) after the integration. The TB programme success rate increased from 56% (230/409) to 71% (319/447) in the third period ($P < 0.05$); however, there was no significant decrease in the default rate: 20% to 22% ($P = 0.66$) and 18% ($P = 0.37$). **CONCLUSION:** Integrated TB-HIV care has a very positive impact on the management of TB-HIV patients and on TB treatment outcomes.